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Art is the Prescription: Intersections of Arts and Healthcare during COVID-19

Efforts to increase museum visibility amid museum closures due to COVID-19 have permanently altered the role of museum educators. Educators at the Jordan Schnitzer Museum of Art (JSMA) at the University of Oregon have turned to Zoom to continue programming while closed to the public. The JSMA’s arts and healthcare initiatives have been some of the museums’ most successful programs pre-pandemic. These programs use the collection to foster heightened observation and empathy within those in the medical community. The need for arts and healthcare intervention is more crucial than ever due to increased, even fatal, stress levels in practitioners working the front lines and elevated anxieties in those already battling illness during COVID-19.

It was important to continue those programs during the closure. In April, the JSMA hosted two sixty-minute programs: one for oncology patients, and one for medical providers. The programs, directed by Lisa Abia-Smith, Director of Education at the JSMA and Senior Instructor, School of Planning, Public Policy and Management, were designed as opportunities for cathartic processing of trauma caused by the pandemic. The main tenor was *process*: participants were encouraged to center their practice on reflection, instead of envisioning a final product. Using Visual Thinking Strategies (VTS) pedagogy as scaffolding, the program began by observing a painting via Zoom. Participants were asked to share their initial impressions of the work on the video call, allowing for the artwork to serve as a conduit for arising thoughts. They then examined Paul Cézanne’s *Mont Saint-Victoire* and discussed the artist’s relationship with music. With Wagner playing through computer speakers, participants expressed their feelings with provided watercolors. This process was repeated a second time, next exploring Helen Frankenthaler’s *Making Music* while listening to jazz.

Though the programs were identical in structure, group responses differed greatly. The physicians’ rational reflections contrasted with the emotive linework produced by the patients. However, both sessions allowed for a collective moment of pause. Extant labels of “doctor” or “patient” were temporarily reconsidered with the adoption of an artist’s identity to aid in self-care, revealing a need for art programming that allows for varied interpretation. In turn, there exists a heightened understanding of art’s purpose amid and post-trauma; for museum educators, art making will perhaps now serve primarily as a tool for healing.

Transitioning museum programming online comes with concerns of accessibility amid the digital divide. Others question if the experience of observing art can be accurately conveyed through a screen. In the context of healthcare, however, Zoom offers unexpected benefits: those who otherwise could not visit museums now can participate; travel time is eliminated for those with busy schedules; the intimidation factor now void. Zoom may even *enhance*

intended program outcomes. Zoom allows for participants to develop a contemplative practice within the context of their everyday life, fostering a longevity that otherwise may not exist within the museum walls. COVID-19 has brought to the forefront the importance of art history and museums in collective processing. As the JSMA anticipates reopening, COVID-era programs such as this one remind art museum educators of the importance of adapting the art-historical curriculum to meet their audiences' needs, especially during times of collective trauma.

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Editors' Note: In the fall of 2019, we solicited responses to our Bully Pulpit, "Isn't It Time for Art History to Go Public?" guest-edited by Laura M. Holzman. To see all four responses, please visit <http://editions.lib.umn.edu/panorama/article/talk-back-issue-6-1>. To see the original Bully Pulpit, please visit <https://doi.org/10.24926/24716839.2271>.